

7-2011

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Recommended Citation

Nelson-Becker, Holly, July 2011, "Research in spirituality, religion, and aging: An emerging area," *Generations Review*, Volume 21, Number 3.

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Cutting Edge

Research In Spirituality, Religion, and Aging: An Emerging Area

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In the mid-twentieth century up until around 1970 in the US, there was very little interest in and research on the ways spiritual and religious concerns either facilitated or hindered an aging person's search for and achievement of a satisfying quality of life. While never completely absent, the field had fallen out of favour. A few studies did emerge in the medical, social and behavioral sciences (see Allport, 1950; McFadden, 1995, 1996; Wulff, 1997), but academic disciplines typically avoided this area.

A 1971 White House Conference on Aging held a roundtable to discuss the value of religion and spirituality for older adults (Moberg, 1971). In fact those few researchers who did explore these areas risked marginalization in their profession (Joseph, 1988). This was partly due to the intensity of the increasing secularization of society from the 1920s forward and the fear of divisiveness and ethical violations any discussion of religion might elicit. This concern also centered on fear that a researcher or practitioner might privilege one religious faith over another, or endorse a faith tradition where there was none. Further, in the mental health professions, most clinicians perceived themselves as less spiritual and/or religious than their clients, and were perplexed about how to consider questions about spiritual suffering or religion as a resource with service users (Jensen and Bergin, 1988).

More recently, there has been an expansion of interest in this topic. This expansion has paralleled a period of increasing inquiry into spirituality in society at large. Koenig and colleagues (2001) looked at both positive and negative effects of research on religion on health in studies over time. Now there is groundbreaking research in these areas across international and multidisciplinary contexts (Clift, 2011; Coleman, Ivani-Chalian and Robinson, 2004; Ellor, 2009; Hank and Schaan, 2008) and especially within the health and mental health professions serving older adults (see Ai et al., 2009; Chow and Nelson-Becker, 2010; Ellor, 2003; Levin, 1996; McCullough, Pargament and Thoresen, 2000). Researchers want to explore how older adults continue to create meaning and live resiliently in a time of increasing frailty, loss, and loneliness due to deaths of contemporaries.

Spirituality and Religion: Distinguishing the Terms

What is the meaning of spirituality and religion? Most professions agree that these concepts encompass different domains, though for some older adults the terms may be conflated (Nelson-Becker, 2003, 2005a, 2005b, 2008; Zinnbauer et al., 1997). Seeking a common definition may stereotype or oversimplify beliefs, and fail to account for cultural and contextual idiosyncratic viewpoints that change over time. However, having no common definition makes it difficult to compare and analyse foundational belief systems or engage in multicultural, multireligious conversations. Not every profession defines these terms similarly. Seminaries and religious studies programs typically define religion as the key idea with spirituality being a subset of religion. Health and mental health professions (social work and other behavioural disciplines) look at spirituality as the overarching framework with religion as the subgroup; people who consider themselves spiritual may or may not be religious.

Religion is usually viewed as a faith tradition that includes the beliefs, rituals, and ethical values accepted by a community and transmitted over time (Canda and Furman, 2010; Nelson-Becker and Canda, 2008). There is often an institutional aspect to religious life that involves external associations, while spirituality may or may not be expressed in institutional life. Spirituality is often viewed as more subjective and personal. Spirituality refers to a "search for significance" in ways one regards to be sacred (Pargament, 1997), although Pargament himself labels this as a definition of religion. One's spiritual life develops through relationships with self, others, a Transcendent Power, and all living beings. Spirituality reflects one's deepest sense of worth, meaning, connections with ultimate reality, or the ground of all being (Puchalski et al., 2009; Tillich, 1976). Spiritual expression may include experiences of a transpersonal nature and behaviors such as prayer or meditation in which one finds support and meaning (James, 1905/1962).

From a holistic perspective, spirituality can be viewed as essential or core nature; one domain among the psychological, biological, emotional, and social aspects of a person; and the overarching content of self surrounding one's being (Canda and Furman, 2010; Carroll, 2001). Some Jewish Holocaust survivors and others count spiritual expression as their connection to nature. "What I see out my window is a view of eternity" explained one older Jewish woman living in community subsidized housing who could glimpse a small part of Lake Michigan (Nelson-Becker, 2003). Further, at the end of life, spirituality may find expression in liminal experiences of dreams and visions of deceased loved ones and a sense of deep connection with preceding generations and generations to follow.

Older People and Religion

In the US, the percent of adults over age 65 who rate the importance of religion higher than any other age group reaches the upper 80s or lower 90s across surveys (ARDA, 2008). However, across the ten years from 1998 to 2008, the trend shows a seven percentage point loss in importance of religion among all adults (US Gallup Poll, 2008). The Christian religions currently predominate in America: 84% of adults ages 60-69 and 88% over age 70 express such an affiliation (Pew Forum, 2007). Still, with increasing immigration, trends suggest that the numbers of older adults affiliating with world religions will grow. The UK has long hosted a more diverse population than the US with greater numbers of older adults affiliating with world religions (72% report being Christian) and 15% of the population reporting to be atheist or agnostic (ARDA, 2011). This diversity and complexity has probably made it even more difficult to address religion and spirituality in the public sphere in the UK than in the US.

As cohorts age, spirituality will likely become a more meaningful term than religion for new generations of older adults globally in the next decades (see Roof, 1999). Even though religious affiliation remains high, frequency of attendance tends to diminish with age due to increasing frailty and transportation hurdles. While there is a general view in society that older adults may become more religious as they age, this has not been supported by empirical evidence (McFadden, 2005). In fact the spiritual journey for those who acknowledge one, is often marked by steps forward and backward, and is recursive in many aspects.

Measurement

One of the challenges in this field of study is the area of measurement. How can we measure what is by its nature mostly immeasurable? Rather than challenging the efficacy of faith and belief generally, researchers can look at individual views and practices as well as corporate qualities of religion and the ways they contribute to or enhance well-being (Idler, Kasl and Hays, 2001; Krause, 2003, 2006). The functional aspects of belief and meaning in life (beyond single item

measures such as importance of religion and frequency of church/synagogue/sangha/mosque attendance) can serve to support older adults who express a faith. However, religion and even spirituality are not universally positive forces. Religious and spiritual views have sometimes been the source of suffering and alienation, and it has been suggested that spirituality should be the fifth vital sign for medicine (Puchalski, 2009). Spiritual struggle and existential doubt; anger at God or church, synagogue, or mosque leaders; sense of abandonment by God; conflicted belief and family systems; sense of despair and hopelessness may all be later life experiences and areas worthy of exploration and intervention.

In conducting research in this field, there are several points worthy of consideration. First, researchers should be aware of their own biases which may cause them to overlook or miss key dimensions. It's important to unearth and then bracket assumptions. Second, religion and spirituality have dynamic elements that are changing, one of the reasons this field is both important and so interesting to investigate. Religious expressions even in fixed traditions have transformed. In the US currently among many religious traditions, there is bilateral movement towards increasing liberalization and increasing conservatism. Third, the contextualization of both religion and spirituality in society at large can affect our focus as researchers and our comfort level as clinicians. Multi-method studies that use reliable, well-conceived measures are needed to investigate this life domain affirmed by many older adults. However, the difficulty of this research has been enhanced by value conflicts, misunderstanding, participant/care receiver caution about disclosing the intimate and personal nature of spiritual experience, and past ethical breaches.

Directions for Future Research

What should our investigative work now consider? Although research on the nature of spiritual and religious supports and health and well-being shows mixed relationships because of the difficulty of controlling for all related variables, there does appear to be an association (Emmons, 1999; Koenig, McCullough and Larson, 2001). This doesn't at all imply that religion should be prescribed for those who are ill, but simply that further investigation of health and mental health resources is required. Dementia is one neglected research area where older adults are often responsive to religious rituals and behaviors such as singing hymns or chants learned long ago when speech fails. End of life and palliative care also offer great potential to consider processes and outcomes for spiritual assessment and spiritual care, especially as they are offered in interdisciplinary teams. Forgiveness, the conditions under which it is given and for whom, is a life completion task that merits further expansion. The benefits of compassion and altruistic acts also are worth investigating in later life.

The ways that spirituality intersects with aging over the life course is also an area that needs further consideration. Tornstam (2005) and Atchley (2009) have looked at the oldest life stage as an active time for greater self-understanding, contribution, and wisdom. In contrast to ageist views, this work expands possibility and potential. Empirical validation and support for evidence-based practice strategies that set conditions for spiritual growth and support are needed, as well as interventions that affect positive mental health outcomes. Culturally sensitive spiritual measurement is an area in need of further expansion.

In sum, research on spirituality, religion, and aging is a neglected area that is just beginning to emerge. As past convener of the Gerontological Society's interest group on religion, spirituality, and aging, I have seen interest in this area grow over time, yet far more can be done. Future work can expand and refine measures, reach an understanding of older adult cultural and religious minority populations, and design interventions that acknowledge spiritual elements and strengthen positive health and mental health outcomes.

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